



OCCUPATIONAL LICENSE APPLICATION

FEE

Date App Rec'd

Date Proc'd

Initials

City of Tucson**City Hall**255 W. Alameda**P.O. Box 27210**Tucson, AZ 85726** (520) 791-4566

LIC #

Classification

SIC(s)

For Office Use
Only**SECTION I. BUSINESS INFORMATION**

Please complete all sections below. [Print]

Cancel Date/Initials

☐ New Business

Date Business Started in Tucson

Former Owner (if applicable)

Previous City License#

☐ New Owner of Existing BusinessCheck any
that apply:☐ Name Change Only☐ Corporate Name☐ Location Change

Change Only

Current City License # (if applicable)

Date of Change

Effective Date of
Cancellation

Business Name, "Company or DBA", If Individual (First name first).

Last Audit Period

Street #

Direction

Street Name

Type

Suite/Apt #

Assoc BP

City

State

ZIP Code + 4

(Area Code) Business Telephone #

Comm.Lease

Fax #

E-Mail Address (If Available)

State License #

Federal ID #

Old Lic #

SECTION II. MAILING ADDRESS AND PHONE NUMBER

Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name

Other Occ's

Street #

Direction

Street Name

Type

Suite/Apt #

QTR Paid

City

State

ZIP Code + 4

(Area Code) Telephone #

Geo Code

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership:

☐ Individual☐ LLC☐ Corp. - State Inc.# _____☐ Partnership☐ Ltd. Partnership☐ Other _____****ZONING****
Approved

*Provision of your Social Security Number on this form is voluntary. It is the policy of the City of Tucson Finance Department/Revenue Division to request this information for tax collection purposes. If provided, your Social Security Number will not be released to unauthorized persons.

Owners, Partners,
LLC Members, or
Officers

Name

Title

Driver's License #

Home Address

*Social Security #

Denied

City

State

ZIP Code + 4

(Area Code) Telephone #

Name

Title

Driver's License #

Comments

(For Additional Names,
Please Attach List)

Home Address

*Social Security #

City

State

ZIP Code + 4

(Area Code) Telephone #

Corporation Name if
different from DBA

Name

Location where business
records are kept, if
different from business
location

Address

(Area Code) Telephone #

City

State

ZIP Code + 4

SECTION IV. BUSINESS TYPEDescribe Nature
of Business

of Employees?

SECTION V. BUSINESS PREMISES STATUS

Is this your residence?

☐ No☐ Yes

If no, do you own your business location?

☐ Yes☐ No

If you do not own your business location, complete Landlord/Property Manager information below.

Landlord/Property Manager Name

Address

City

State

Zip Code + 4

(Area Code) Telephone #

Do you rent a portion of the business premises to another entity?

☐ Yes☐ No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Tucson. Incomplete forms may not be processed.

Print Name(s)

Signature(s)

Title(s)

Date

Print Name(s)

Signature(s)

Title(s)

Date

IF YOU PURCHASE A BUSINESS, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

INSTRUCTIONS FOR COMPLETING OCCUPATIONAL LICENSE APPLICATION

Please complete all sections starting with Section I.

Section I: Business Information

Check Boxes

Put a check in any of the boxes in the first 2 lines that apply to your business. Each block in the next 2 lines is self-explanatory and requires a check in the appropriate box or information.

Business Name

The business name should be the DBA (Doing Business As) or if you are not using a business name, the name of the owner.

Business Location Address

The address listed is your business location address. Include suite, unit, or apartment numbers. P.O. Box numbers are not accepted for business location.

Business Telephone

The telephone # listed here should correspond to the business location.

Fax Number

Provide the fax # for the person who should receive inquiries concerning this application.

E-mail Address

Provide the E-mail address for the person who should receive inquiries concerning this application.

State Tax License

List your Arizona State privilege tax number, if you are required to have one.

Federal ID

Corporations or businesses with employees should provide Federal Tax Identification Number. Individual owners or partnerships without employees should use their social security number(s).

Section II: Mailing Address And Telephone Number

Name

List business legal entity name if different from Section I, or "In-Care-Of" name or information. Property managers or independent tax preparers who will be receiving returns should list their name here.

Mailing Address

Provide the mailing address. Note: business license and tax billings will be sent to this address. Please include suite, unit, or apartment numbers.

Telephone Number

Provide the telephone number that corresponds to the mailing location.

Section III. Business Ownership And Record Location

Ownership

Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide: State in which incorporated, State Incorporation #, officers' names and addresses (at least 2) and statutory agent information. A (LLC), Limited Liability Corporation must have at least 1 member. General partnerships must provide the names of the general partner(s).

Owners/Partners/LLC Members Or Officers

List complete owner/officer/partner information as requested. Include names and titles. P.O. Box numbers are not acceptable for home addresses.

Corporation Name If Different From DBA

The corporation name, if applicable.

Location Where Business Records Are Kept

Complete this section if business records are not kept at the location listed in Section I.

Section IV: Business Type

Describe Nature Of Business

Provide a detailed description of business activity.

Number Of Employees

Provide the total number of employees at your Tucson location.

Section V: Business Premises Status

Ownership Of Business Location

If your business location is a residence, check "Yes", and complete the enclosed Home Occupational Form. If you answer "No", please indicate whether or not you own your business location. If you do not own your business location, please provide the name of the legal owner or property manager along with their mailing address and phone number.

Tax Rates

License taxes are based on number of employees and are due quarterly. See schedule below: **

Number of Employees	Quarterly Tax	Number of Employees	Quarterly Tax
0 To 10	\$ 24.00	36 To 100	\$123.00
11 To 35	\$ 48.00	Over 100	\$186.00

****This is not applicable for Vending Machine Distributors, Vending Machine Tags, Retail Tobacco Sales, Escorts, Adult Entertainment, and Dance Hall Licenses.**

All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, the Trustee or General Partner.